

AFRICA TRADITIONAL MEDICINE PRACTICE IN HEALTH-CARE AMONG IGALA SPEAKING TRIBE OF NIGERIA

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Abstract

This study discusses the features and potentials as well as the limitations and challenges of traditional medicine practices among the Igala tribe in Kogi state. The specific objectives of this study were to examine the features of Igala traditional medicine, to determine the potentials and prospects of Igala traditional medicine, to examine the challenges of Igala traditional medicine and to determine strategies for enhancing the health benefits of Igala traditional medicine. The study depends largely on the use of structured and unstructured interviews and qualitative literature review, documentary analysis and key informant interview. This study established that traditional medicine is laden with potentials; however, its modicum of practice among the Igala tribe is plagued with multiple limitations and challenges that undermine its acceptance in modern health care practices. These include the perception that it is found on mysticism, superstition, deity, magic, supernatural powers, as well as its association with witchcraft, sorcery and wizardry. These limitations and challenges have made it the most rudimentary, informal, closed and its public acceptance is low. It also lacks adequate governmental recognition and support; as alternative medicine. However it continues to be relied upon by a majority of indigenous Igala populations, especially those in rural areas who are mainly poor with low literacy level and owing to inadequate allopathic health services and facilities. The work posits that despite these limitations and challenges, traditional medicine is suitable and effective in the treatment of diseases and illnesses. Hence, it is an important component of healthcare among the Igala speaking tribe justifying the need for its development.

Keywords: Health care, Igala speaking tribe of Nigeria, Health-Care, Africa traditional medicine practice

INTRODUCTION

A traditional medicine practice is synonymous with ethno-medicine, folk medicine, native healing, or complementary and alternative medicine (CAM). Traditional Medicine is the oldest form of health care system that has stood the test of time. It is a culture-bound method of healing that humans use to treat various diseases that have threatened their existence and survival. The World Health Organization (WHO) defines traditional medicine as “the sum total of the knowledge, skills

and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health, as well as in the prevention, diagnosis, improvement or treatment of physical and mental illnesses” (WHO, 2002).

Prior to the emergence of the orthodox medicine, traditional medicine is the dominant medical option available to millions of people in Africa both in the rural and urban communities. Indeed, Romero, (2002), affirmed that it was the only source of medical care for a greater proportion of the population. In indigenous African communities, the traditional doctors are well known for treating patient holistically. Hillenbrand (2006) asserts that the traditional doctors usually attempt to reconnect the social and emotional equilibrium of patients based on community rules and relationships unlike medical doctors who only treat diseases in patients. In many of these communities, traditional healers often act, in part, as an intermediary between the physical and spirit worlds; between the living and the dead or ancestors, sometimes to determine which spirits are at work and how to bring the sick person back into harmony with the ancestors (Shuaibu, 2023). In Nigeria, traditional medicine is practiced by different tribes including but not limited to the Igala speaking tribes. The Igala are a socio-cultural group among the settlers within the confluence of the two most popular Nigerian rivers of Niger and Benue region. Shuaibu (2023) affirmed that the tribe belongs to the Kwa sub--group of languages with similar characteristics of the Bantu sub-group of the same Niger-Congo. Usman (2013) and Shuaibu (2023) posit that the indigenous Igala people are mainly found in today's Kogi state in the North Central region of Nigeria and is the largest ethnic group in the state. The Igala ethnic nationality is about the 8th largest ethnic group of the over 250 ethnic nationalities in Nigeria, (NB S, 2006). Igala is the name of the people as well as their language “Abo-Igala” which means (People with common ancestral origin (Shuaibu, 2024). The Igala people employ the use of traditional medicine in the treatment of ailments for her teaming population. This is occasioned with the enormous availability of natural vegetation and forests that accommodate wild animals to their advantage.

The belief in the power of traditional medicine is fundamental to the Igala, such that the natural vegetation which grows so abundantly in the area is touted as a storehouse of medicinal power. This attribute is recognized not only by the Igala themselves but by their neighbors such as the Igbos who go for apprenticeship in Igala traditional practices. Knowledge of traditional medicine is a speculation by professional herbalists, known as the Obochi (native doctor). Generally, every Igala man has some traditional medicinal knowledge, which is found on their

knowledge of the uses of plants, trees, animals and other accompanying ingredients usually transferred from generations to generations. The power of traditional medicines lies mainly in combining the right ingredients. Of note, invocation and incantation also play a part in the activation of efficacy to ensure the effectiveness Igala traditional medicine. Although the procedure of invocation is a simple one, known to Igala traditional medicine prepositional. It consists of chewing of, alligator pepper (ata), a seed containing hot peppery oils, and of ritually spraying the leaves or plants with this mixture whilst making an invocation (Shaibu, 2015).

Already prepared medicines do not consist solely herbal substances. They comprise rather at least two components, which include oli-ogwu, and a magical substance called Ayi-boo. The former is a straightforward compound of leaves, root, or bark of plants and trees. The latter term refers to any one or several of a wide variety of substances most of which have in common the property of being unusual or difficult to obtain (Shaibu, 2015).

Aim and Objectives of the study

The main thrust of this study was to explore the traditional medicine practices among the Igala. Specific objectives were as follows:

1. To examine the features and potential of Igala traditional medicine.
2. To examine the challenges associated with Igala traditional medicine.
3. To determine strategies for enhancing health benefits of Igala traditional medicine.

METHODOLOGY

This study adopts qualitative literature review and documentary analysis and key informant interview to validate the data from secondary sources. A self-designed and validated key informant interview guide was designed to capture the main and specific objectives of the study. Content analysis method was applied to analyze the data obtained from key informant sources.

Features and potentials of Igala Traditional Medicine

Igala traditional medicine is deeply rooted in ethnobotanical knowledge and cultural beliefs. Amodu et al (2020) identified the plants used in the preparation of medicine, food, tools and utensils, myth and legend among adult Igala people between the ages of 25 to 85 years using oral interviews and group discussions. Information was gathered on a total number of 96 plants from 108 respondents in which 17.6 % were teachers, 66.7% were farmers, 4.6% were hunters, and 11.1% were herbalists. The study showed that 49.5% of the plants collected are used as medicines, 28.4% as food, 12.6% for furniture, simple tools and utensils, and 9.5% for myth

and legend. The present study also showed that the leaves and stems of plants are the most used parts by the Igala people. They majorly used these plant parts for medicine and food in which over 24 ailments are identified in this study using indigenous phytotherapy as a curative remedy. Decoctions were used in most cases for the preparation of herbal remedies. The use of plants as therapeutic agents is an essential aspect of traditional indigenous medicine within the Igala kingdom because they have a common belief that all food is medicine. Their regards for plants are very high to the extent that plants are involved whenever sacrifices and communications are to be made to their gods and other mystical beings. Igala traditional medicine like other Africa traditional medicine is shredded in mysticism. The Ifa oracle played a vital role, as it dictated the reverential and sacrificial life of the people, by which they were cleansed of their abominations and gained the aid of divinities. Belief in the spirit of the departed was also of high importance. Unlike Western society, religion permeates every aspect of life in Igala-land.

Traditional medicines have fewer side effects

Traditional medicines are developed from plants and other natural elements, hence have less side effects as compared to allopathic medicines (biomedicines/pharmaceutical drugs) Pillsbury, (1979). This is because unlike the latter that are manufactured through industrial processes by use of chemicals some of which may have high toxicity, traditional medicines such as herbs are for the most part liquid concoctions arising from mere mixing of certain natural extracts with liquids such as water, honey or milk; or powder obtained from the mere crushing of solid matter. Some of those chemicals have adverse side effects such as renal dysfunction, hepatic dysfunctions, cardiovascular disorders, gastrointestinal disorders, blood disorders, and even chemical poisoning. Other common side effects include hypersensitivity, nausea, vomiting, dizziness, vertigo, insomnia, diarrhea and headaches.

High Level of Accessibility and Affordability

Allopathic medicine is based on science, infrastructure and costly hospital-based curative care that puts undue premium on expensive technology and the meeting of international health standards whilst ignoring local disease problems. Besides, since there is no regulation on pricing and is suited to the economic reality of the economically vulnerable people. For instance, the prices and charges by traditional medicine practitioners are relatively lower and

even much lower than those charged in allopathic medical care facilities and biomedical pharmacies. One of the contributing factors for this affordability of traditional medicine is that it utilizes indigenous knowledge in the indigenous local communities to meet the health care needs of the people Nchinda, (1976), and is based on community philanthropy of alleviating pain and suffering and achieving the public and community common good rather than profit-making. It is also attributable to the fact that traditional medicine does not require extensive or fancy infrastructural outlay as does allopathic medicine and practice. The later requires extensive, expensive, elaborate and structural infrastructure hence requiring huge financial and technological commitment (lawal & Banjo, 2007).

Characterized by Low Need of Scientific knowledge and Technology for Practice

Another advantage of traditional medicine over the allopathic or conventional medicine system is that unlike the latter, it does not require complex scientific knowledge and technical know-how or technological sophistry of the allopathic medicine. It utilizes indigenous knowledge in the local communities to meet the health care needs of the people of these communities. This is comprised of knowledge that has, been passed down through the cultural lineage from generation to generation. This is unlike allopathic medicine that is primarily based on science, infrastructure hospital-based curative care that puts undue premium on expensive technology and the meeting of international health standards whilst ignoring local disease problems (Githae, 2015).

The Holistic Nature of Traditional Medicine

While allopathic medicine is mainly clinical-based and views disease and illness in terms of organically malfunction, traditional medicine for its part is holistic in approach and views disease and illness to be disequilibrium of social groups with environment. Unlike conventional and biomedicine, African traditional medicine attempts to provide therapy for supernatural and spiritual etiological agents such as curses, evil spells and bad omen. Conventional medicine has no similar belief system and is more biological and scientific in character; based on science concepts and scientific method for all its claims. The closest it comes to African traditional medicine is perhaps with regard to psychosomatic and psychiatric ailments. Its cure claims unlike allopathic medicine cover diseases and illnesses arising from

spiritual and supernatural causes. Notably, traditional medicine practice primarily comprises application of medicaments from natural extracts and appeal to spiritual forces.

The Potentials of Igala Traditional Medicine

Traditional medicine as an alternative and complementary medicine is an opportunistic branch of medicine following the professionalization of allopathic medicine. Opportunistic or opportunist in the sense of thriving on the failings, challenges, inherent weakness and disadvantages of allopathic medicine and the conventional health care systems Sifuna (2009). One of the reasons why traditional medicine flourishes over conventional medicine is the fact that with continued use of biomedicines (pharmaceutical drugs), many patients and pathogens develop resistance to them (drug resistance). Besides there are diseases and illnesses that have defied conventional medicine e.g. cancer and HIV/AIDS and certain mental illnesses. While allopathic medical practitioners classify them as incurable, their traditional medicine counterparts claim cure of all diseases including these "incurable ones". Therefore, such diseases and illnesses are better left to traditional medicine (Adeniyi, Olufemi & Erinoso, 2015).

It is believed that traditional medicine has several advantages over its allopathic counterpart. These include the following: in conditions where traditional medicines do not provide the claimed cure, symptoms of the disease can be alleviated; traditional medicines have less side effects as compared to allopathic medicines (biomedicines or pharmaceutical drugs); traditional medicines are more affordable than most allopathic medicines; traditional medicines are largely non-prescriptive, hence they do not need prescriptions to be dispensed. For this reason, they are easy to obtain; they are mostly existing in their natural state hence costs less to extract as opposed to pharmaceuticals or biomedicines which are developed and manufactured through industrial processes by licensed pharmaceutical companies hence cost more as the research, development, manufacture, marketing and other incidental costs have to be considered into their prices (Sifuna, 2021)

The challenges associated with Igala traditional medicine.

Opata and Agu (2012) posited that, the knowledge of traditional medicine is seriously threatened by the spate of condemnation it attracts from those who want to become more Catholic than the Pope. The spate of condemnation of African traditional medical practices are alarming and

at best disturbing. This is because, the same people who would stop at nothing to buy Chinese made herbal drugs would condemn in its totality drugs made by local medical practitioners here in Nigeria. Rather than take the pains to study and understand the art involved in the profession and harness its potentials and more importantly preserve the knowledge therein, many obstacles are placed on the way of the traditional medicine men on account that they are “diabolic”, their products “ unhygienic” and unsafe to drink or a nuisance to human health. The present writers hold a contrary view as traditional medicine is a portent force in inter-group relations and very effective where orthodox medicine has failed. How true the latter statement is to be demonstrated in how two brands of traditional medicine-Odiette and Akpaballa have helped in cementing relationships between the Igbo and Igala especially as it concerns their health and security. Lessons from the experience of these groups would go a long way in fostering peace in the nation especially now that there are several security threats to its citizens.

Mutombo et al. (2023) the practice of traditional medicine has always been popular in Africa in general. though it remains largely sidelined from the formal healthcare system for various reasons, chief among them being the paucity of data on the safety, efficacy and quality of most medicinal plants; stigmatization due to poor perceptions and attitudes; inadequate efforts to conserve medicinal plants and Indigenous knowledge; modernization; exploitation of communities that own the knowledge; the history of colonialism and secrecy in traditional medicine practices with few reports or documentations of adverse reactions. However, the future of African traditional medicines (ATMs) is bright if viewed in the context of service provision, an increase of healthcare coverage, economic potential and poverty reduction. Formal recognition and integration of traditional medicine into conventional medicine will ensure a promising future.

Problems, Challenges and Limitations of Traditional Medicine

The traditional medicine has typically several problems, challenges and limitations that have resulted in its rudimentary status, archaic and informal; and unable to keep up with scientific and technological development of the 21st centuries. The most common and widespread among them include: Lack of formal education and professional training; proneness to inaccuracies in diagnosis; skepticism and reluctance in accepting the traditional medicine; preference for allopathic medicine; lack of quality standards and quality control; lack of documentation and health records; lack of good will between Igala traditional medicine practitioners and their

allopathic counterparts; stiff competition from foreign traditional medicine; anxiety and eagerness of former to divulge medical secrets and knowledge; its being largely founded on superstition and the supernatural etiology of diseases and illnesses; these include (Obute, 2005).

Lack of Formal Professional Training

Traditional medicine is predominantly informal and is presumed to require no prior formal education or professional training for its practitioners among the Igala speaking tribes hence is prone to quackery and deceit; and the flourishing of unsubstantiated medicinal claims by practitioners. On this point, Sankan (2001), has reported that there are two parallel systems of traditional medicine, namely, the "genuine medical practice" and the "deceptive medical practice"; and observes that while the former is based on actual traditional knowledge, the latter is based on deceit and trickery, and is meant to exploit and fleece the public. In other words, the latter is a conduit for unjust enrichment. Notably, even the apprenticeship undertaken by apprentices under traditional medicine practitioners is usually not accompanied with formal training as there are no formal institutions for formal training in traditional medicine.

Inaccuracies in diagnosis

Due to its informal character, as well as lack of educational and training requirements, African traditional medicine is prone to inaccuracies in diagnosis. This is a major problem as treatment depends on effective diagnosis, in that a wrong diagnosis such as the ones by its practitioners which are largely based on guesswork and generalization can lead to wrong treatment, hence curtail the healing of diseases and illness. Indeed success in treatment depends on proper diagnosing. Succinctly, Rasamiravaka, Kahumba, and Okusa (2005) provide that the situation is complicated by two factors. First, the fact that African traditional medicine is focused on disease symptoms and cure rather primary health (general health); being reactionary rather than proactive. Secondly, most of its etiology and curative claims are largely based on mysticism, spiritual, superstition and supernatural forces hence it is not capable of scientific validation.

Skepticism and reluctance to Acceptance

Although African traditional medicine received international recognition many decades ago, in many parts of the world, its growth and development has been stifled by the skepticism and reluctance by governmental authorities and even the general public in accepting it; who have often doubted and challenged the knowledge and claims made by its practitioners and some segments of the community. This slow growth is attributable to, among other factors, skepticism and lack of public information on this system of medicine. These two factors are largely due to perceptions arising from social transformations resulting from western civilization and Christian dogma that associate it to primitivism and evil, especially its being associated with witchcraft and black magic. Rasamiravaka, Kahumba, and Okusa, (2005), has reported that African traditional medicine has long (since the colonial times) been associated with witchcraft and black magic. This is probably why it is sometimes referred to as "witch medicine". While this is a misperception, it nevertheless not only affected its development but also its public acceptance by both governmental authorities and the general public. This is complicated especially by modernity, religion (especially Christianity) and social transformations that are predominantly fashioned on western civilization and concepts (Rasamiravaka, Kahumba & Okusa, 2005).

Burning of forest and herbs and the prohibition on killing of wildlife

Apart from herbs, animals are other important source of requisites for the practice of traditional medicines (both domestic and wildlife animals). Sifuna, (2021) observed that, while extraction of material from domestic has no problems, extraction from wild game is problematic and faces legal challenges, especially where it involves off-take i.e., the killing of the same. Indeed some wild animals are known to be of medicinal value with their body parts being used in African traditional medicine for cure of diseases and in biomedical for manufacture of drugs

Such includes: sniffing of burned ash of the rhino horn to arrest nose-bleeding; swallowing a mixture of crushed powder of the horn with milk to cure asthma; ingestion of crushed rhino horn as an aphrodisiac; applying of crocodile body fat on human body to cure skin ailments; private parts of a female crocodile are cooked and mixed any food and secretly fed adulterous husbands to wean them from adultery; smearing of the lion's body fat on one's body to keep

away their creditors; drinking of the elephant's urine to cure asthma, and its semen to cure impotence among the old men; burning a bush baby and inhaling the smoke by children is believed to give protection to the child against the evil powers of the sorcerers; eating of cooked bush baby to cure epilepsy (Konadu (2010) & Banjo (2007 not yet in the reference)

Associated with witchcraft and black magic

The African traditional medicine is, from earlier times to date, often associated with witchcraft and black magic, which are practices that are by law prohibited in many African countries, hence illegal such that in these jurisdictions it is unlawful to practice or promote witchcraft or possess witchcraft articles and paraphernalia. This means that it is only the beneficial use of traditional medicine (especially its beneficial use of treatment and healing) that is lawful and legally permissible, and not its harmful use for evil or malevolent use. Such malevolent use is usually calculated to cause suffering and misery, and therefore undesirable, (Rasamiravaka, Kahumba, and Okusa, 205).

Absence of Collaboration with allopathic Practitioners

There is lack of good will and association between traditional medicine practitioners and those of allopathic medicine. This has resulted in little or no interactive intercourse between these two systems of healthcare. Yet, such intercourse can spur the mutual growth and development of both. (Lekotjolo, 2009). After all, some of their medicaments for instance are from same sources. Makundi et al. (2006) reported that apart from providing medicinal herbs for traditional medicine, extracts from certain plants are used by pharmaceutical companies in the manufacture of medical drugs; hence their use in modern medicine. With such intersection, interactive intercourse between these two systems of medicine is most desirable. Hassim, Heywood and Berger (2010), have noted that what is required is collaboration rather than incorporation of the two health systems, and that collaboration is achieved when the two make referrals to each other on a routine basis.

Stiff competition from foreign traditional medicine

African traditional medicine faces stiff competition from foreign traditional medicine practitioners and traditional medicines, especially from Asia. Unlike African traditional medicine, which is archaic, rudimentary and lacking governmental recognition and support, its counterparts from the continent of Asia (particularly Chinese and Indian traditional medicine) are more developed and enjoy governmental support especially in terms of formal recognition and even financial support (including research and subsidies), hence are more competitive than African's (Akerele,2006).

Anxiety and eagerness of traditional medicine practitioners to divulge medical secrets and knowledge

Unlike their allopathic medical counterparts who keep key medical secrets and information, their African traditional medicine practitioners are less bothered about intellectual property protection, and are in the spirit of African generosity or sheer ignorance, eager and anxious to divulge their traditional knowledge and key medical secrets of their practice and medicines. With regard to intellectual property secrets, the rule is "publicize and perish" rather than "publicize or perish". The readiness to divulge medical secrets and knowledge foments infringement of intellectual property of African traditional medicine (Obute, 2005).

Preference for allopathic medicine

In modern Africa, allopathic medicine is generally considered to be superior to African traditional medicine and therefore perceived as the mainstream health care system or the people; while the latter is considered primitive and supplemental as well as inferior to it. The same is the case with ethno medicines, which are considered so primitive and inferior to biomedicines (pharmaceutical medicines). This according to (Obute, 2005) is largely due to the fact that Africa's contemporary society is predominantly elitist and westernized and influenced by American and European civilization and concepts; which is pretentious as it is a typically indigenous African society trying to be more American than the Americans themselves, and more European than the Europeans themselves.

Lack of quality standards and quality control

Allopathic medicine practice and biomedicines are required to meet certain quality standards and undergo rigorous quality control and assurance testing by designated regulatory agencies and facilities, as well as peer review mechanisms. While individual countries have their own national standards and agencies, there are also international standards set by international entities such as the World Health Organization (WHO). Unlike allopathic medicine and biomedicines, traditional medicine practice and ethno medicines lack quality standards and quality assurance. In relation to quality standards, one of the major problems of ethno medicines (such as herbal medicines) is its lack of own pharmacopoeia (an official publication containing a list of medicines with their effect and directions for their use), unlike its counterpart biomedicine which has a drug index (Codex). Its lack of quality standards, quality control and quality assurance has resulted in some of its practitioners and even usual hawkers peddling its products many of which have no known or proven therapeutic capability, or whose toxicological profile is not known (Mojisola, 2019).

Lack of documentation and health records

Unlike allopathic medicine, African traditional medicine suffers from lack of documentation and health records. Traditional medicinal knowledge and traditional medicines are undocumented. As already stated in this paper, African traditional medicine is solely based on traditional knowledge passed from generation to generation or acquired through traditional apprenticeship within the particular community. This knowledge if undocumented is lost by the death of its practitioners. Bamidele, Adebimpe, Oladele, (2009) reported that "Knowledge of traditional medicine is still being passed by word of mouth from one generation to the subsequent by priests and medicine men. Apart from lack of documentation, there is also the problem of lack of clients'/patients' records. Unlike orthodox health care which keeps medical records (electronic and even paper records), traditional medicine in many parts of Africa is shrouded in secrecy and practiced discreetly, hence its practitioners neither have nor maintain health records Hassim et al. (2010). They for instance do not even have patient's registers.

African traditional medicine is found on superstition and the supernatural

Traditional medicine is primarily based on non-scientific, superstition and the supernatural e.g the belief in the black magic and the power of ancestral spirits, which is a supernatural spiritual realm that does not lend itself to scientific validation, hence has no scientific credibility for its claims. For that reason, most of its disease etiology and therapeutic claims cannot be scientifically verified. From its disease etiologies, disease and illness are attributable mainly to supernatural spiritual causes. Commentators have reported that African disease etiology attributes diseases and illnesses to multiple causes, namely: evil acts of humans (e.g witchcraft, black magic, curses and evil spells); violations of taboos and ritual prohibitions by the sick/ill or their family members and blood relatives; other supernatural and spiritual causes such as ancestral wrath; as well as environmental factors such as pollution and contamination Obute (2005).

The malevolent use of African traditional medicine

While African traditional medicine is used for beneficial purposes such as the treatment of diseases and ailments, in most of many Igala society is reputed for malevolent uses such as use in bewitchment (witch medicine), witchcraft, sorcery, casting of evil spells, and curse ordeals. This is not only retrogressive, but is also undesirable and ought to be a cause for alarm and concern among all stakeholders, and especially governmental authorities that are entrusted with the public duty of protecting the welfare, security and common good of society. It is important for a critical traditional cultural heritage such as traditional medicine, traditional medicinal knowledge and traditional medicaments are employed for benevolent and beneficial purposes only, and not malevolent purposes such those listed above. Such use causes harm, suffering and misery to the victims, hence needs to be discouraged, prohibited, outlawed and proscribed in all its known forms (Konadu, 2010).

Strategies for enhancing health benefits of Igala traditional medicine

The following strategies are capable of strengthening the traditional medicine for optimal benefits. Some of these strategies include,

Documentation and Research: Encourage systematic documentation of Igala traditional medicinal practices and promote research to validate their efficacy and safety.

Capacity Building: Provide training for Igala traditional medicine practitioners on GMP, standardization, and IPR to ensure quality and protect indigenous knowledge.

Policy Advocacy: Engage with policymakers to develop supportive policies that recognize and integrate Igala traditional medicine into the broader healthcare system.

Collaboration: Foster partnerships between traditional practitioners and conventional healthcare providers to enhance patient care and facilitate knowledge exchange. Pharmaceutical drugs, their descriptions, compositions, pharmacology, pharmacokinetics, contra-indications and side effects are usually documented. For traditional medicines these aspects of them are often undocumented and even unknown; hence the problem of toxicity could still be higher; as being informal medicines, they are usually not subjected to prior or pre-administration toxicity evaluations.

CONCLUSION

This study discussed the potential as well as limitations and challenges of Igala traditional medicine. It has established that while Igala traditional medicine has potential, it is plagued by multiple limitations and challenges that undermine its role and efficacy in health care. These include being founded on mysticism, superstition, deity, magic, supernatural powers, as well as its association with witchcraft, sorcery and wizardry. These limitations and challenges have restricted to a cropper and the least established traditional medicine system in the world as well as the most rudimentary and informal. It also lacks adequate governmental recognition and support. It however continues to be relied upon by a majority of Africa indigenous populations especially in rural and semi-urban areas that are characterized by poverty, low literacy levels, shortage of health workers, lack of allopathic medicines, as well as inadequate allopathic health services and facilities. The authors have taken the view that despite these limitations and challenges, Igala traditional medicine is suitable and effective in the treatment of diseases and illnesses hence is an important component of health care and there is need to promote and develop it.

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